# **Approval Package for:**

# APPLICATION NUMBER: ANDA 40-503

Name:

Hydrocortisone Cream USP 2.5%

Sponsor:

Vintage Pharmaceuticals, LLC

Approval Date:

March 12, 2004

# APPLICATION NUMBER: ANDA 40-503

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## **Reviews / Information Included in this Review**

Approval Letter	X
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Chemistry Review(s)	X
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Administrative Document(s)	X
Correspondence	X

# APPLICATION NUMBER: ANDA 40-503

# **APPROVAL LETTER**

Vintage Pharmaceuticals, LLC Attention: Christopher J. Nascone 120 Vintage Drive Huntsville, AL 35811

#### Dear Sir:

This is in reference to your abbreviated new drug application (ANDA) dated July 2, 2002, submitted pursuant to Section 505(j) of the Federal Food, Drug, and Cosmetic Act (the Act), for Hydrocortisone Cream USP, 2.5%.

Reference is also made to your amendments dated July 29, 2003, and January 13, 2004.

We have completed the review of this abbreviated application and have concluded that the drug is safe and effective for use as recommended in the submitted labeling. Accordingly the application is approved. The Division of Bioequivalence has determined your Hydrocortisone Cream USP, 2.5%, to be bioequivalent and, therefore, therapeutically equivalent to the listed drug (Hytone® Cream, 2.5%, of Dermik Laboratories).

Under Section 506A of the Act, certain changes in the conditions described in this abbreviated application require an approved supplemental application before the change may be made.

Post-marketing reporting requirements for this abbreviated application are set forth in 21 CFR 314.80-81 and 314.98. The Office of Generic Drugs should be advised of any change in the marketing status of this drug.

We request that you submit, in duplicate, any proposed advertising or promotional copy which you intend to use in your initial advertising or promotional campaigns. Please submit all proposed materials in draft or mock-up form, not final print. Submit both copies together with a copy of the final printed labeling to the Division of Drug Marketing, Advertising, and Communications (HFD-40). Please do not use Form FDA 2253

(Transmittal of Advertisements and Promotional Labeling for Drugs for Human Use) for this initial submission.

We call your attention to 21 CFR 314.81(b)(3) which requires that materials for any subsequent advertising or promotional campaign be submitted to our Division of Drug Marketing, Advertising, and Communications (HFD-40) with a completed Form FDA 2253 at the time of their initial use.

Sincerely yours,

Gary Buehler

Director

Office of Generic Drugs

Center for Drug Evaluation and Research

CC: ANDA 40-503
Division File
Field Copy
HFD-610/R. West
HFD-330
HFD-205

HFD-610/Orange Book Staff

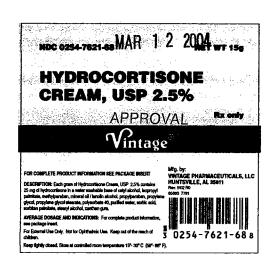
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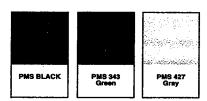
APPROVAL

Both lest

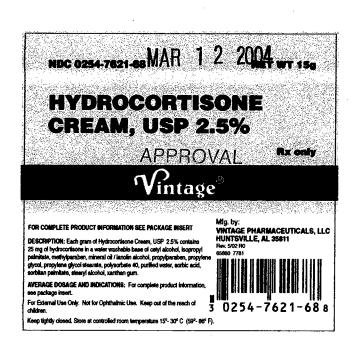
# APPLICATION NUMBER: ANDA 40-503

# **APPROVED LABELING**





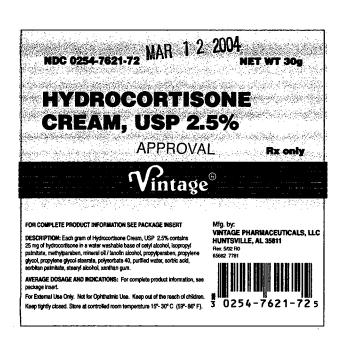
ISG LABEL ENLARGED TO 130% BY FOIA STAFF



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PMS 343 Green PMS 427 Grav





PMS BLACK

NDC 0254-7621-72 MAR 1 2 2004

**NET WT 30g** 

## HYDROCORTISONE CREAM, USP 2.5%

**APPROVAL** 

**Rx** only

intage®

#### FOR COMPLETE PRODUCT INFORMATION SEE PACKAGE INSERT

**DESCRIPTION:** Each gram of Hydrocortisone Cream, USP 2.5% contains 25 mg of hydrocortisone in a water washable base of cetyl alcohol, isopropyl palmitate, methylparaben, mineral oli / lanolin alcohol, propylparaben, propylene glycol, propylene glycol stearate, polysorbate 40, purified water, sorbic acid, sorbitan palmitate, stearyl alcohol, xanthan gum.

AVERAGE DOSAGE AND INDICATIONS: For complete product information, s

For External Use Only. Not for Ophthalmic Use. Keep out of the reach of children. Keep tightly closed. Store at controlled room temperature 15°-30° C (59°-86° F).

Mig. by: VINTAGE PHARMACEUTICALS, LLC **HUNTSVILLE, AL 35811** Rev. 5/02 RO



0254-7621-725

PMS BLACK

PMS 343 Green





NDC 0254-7621-76 MAR 1 2 2004

## HYDROCORTISONE CREAM, USP 2.5%

APPROVAL

Rx only



#### FOR COMPLETE PRODUCT INFORMATION SEE PACKAGE INSERT

**DESCRIPTION:** Each gram of Hydrocortisone Cream, USP 2.5% contains 25 mg of hydrocortisone in a water washable base of cetyl alcohol, isopropyl palmitate, methylparaben, mineral oil / lanolin alcohol, propylparaben, propylene glycol, propylene glycol stearate, polysorbate 40, purified water, sorbic acid, sorbitan palmitate, stearyl alcohol, xanthan gum.

AVERAGE DOSAGE AND INDICATIONS: For complete product information, see package insert.

For External Use Only. Not for Ophthalmic Use. Keep out of the reach of children. Keep tightly closed. Store at controlled room temperature 15°- 30° C (59°- 86° F).

Mfg. by: VINTAGE PHARMACEUTICALS, LLC HUNTSVILLE, AL 35811 Rev. 502 R0 65684 7781



3 0254-7621-763



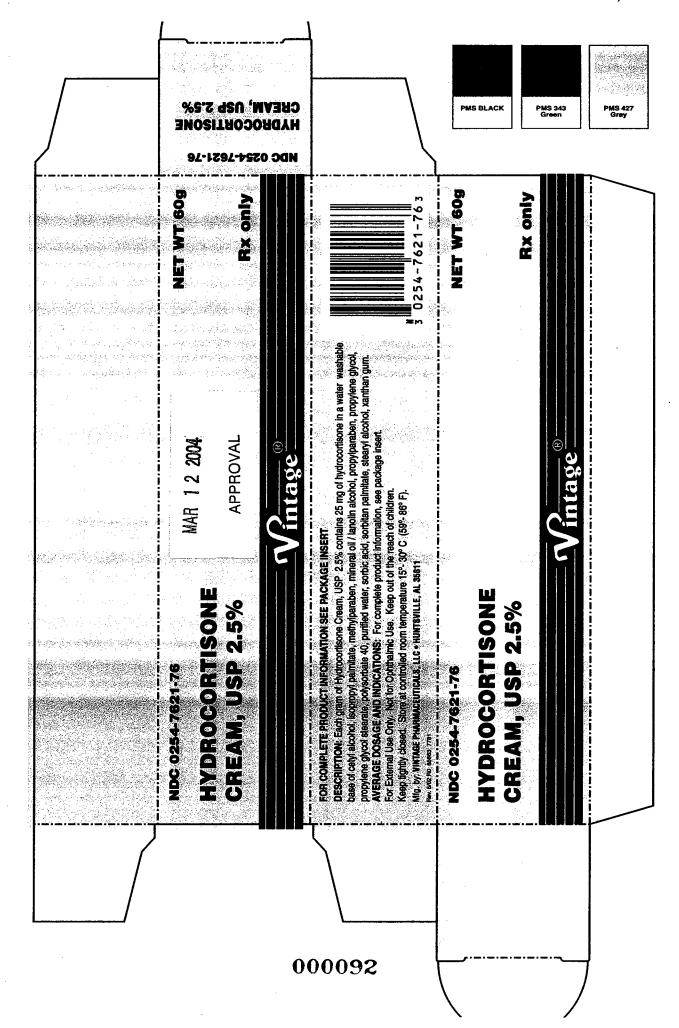
PMS BLACK



PMS 343



PMS 427



NDC 0254-7621-84

HYDROCORTISONE
CREAM, USP 2.5%

Rx only NET WT 200g

**V**intage®

FOR COMPLETE PRODUCT INFORMATION SEE PACKAGE INSERT

DESCRIPTION: Each gram of Hydrocortisone CI USP 2.5% contains 25 mg of hydrocortisone in a washable base of cetyl alcohol, isopropyl palmita methyparathen, marenal oi I landini alcohol, propylparathen, morena oi Vi anoin alcohol, propylparathen, propyler giycol, propylene giyca stelantie, polysorbale 40, purified water, sorbic as

seletate projection of the pro

Keep tightly dosed. Store at controlled room temperature 15°-30° C (59°-86° F).

Ma. P. Warange Busswarden of 11°-

3 0254-7621-848

PMS BLACK

PMS 343 Green

PMS 427 Gray NDC 0254-7621-91

# HYDROCORTISONE CREAM, USP 2.5%

Rx only NET WT 454g

Vintage®

FOR COMPLETE PRODUCT INFORMATION SEE PACKAGE INSERT DESCRIPTION: Each gram of hydrocortisone Cream, USP 2.5% contains 25 mg of hydrocortisone in a water washable base of cetyl alcohol, isopropyl palmitate, methylparaben, mineral oil / landin alcohol, propylene glycol, propylene glycol, propylene glycol stearate, polysorbate 40, purified water, sorbic acid, sorbitan palmitate, stearyl alcohol, xanthan gum.

AVERAGE DOSAGE AND INDICATIONS:
For complete product information, see package insert.
For External Use Only. Not for Ophthalmic Use. Keep out of the reach of children.
Keep tightly closed. Store at controlled room temperature 15°-30° C (59°-86° F).
Mtp. by:

3 0254-7621-916

PMS BLACK

PMS 343 Green

PMS 427 Gray DESCRIPTION

Each gram of Hydrocortisone Cream, USP 2.5% contains 25 mg of hydrocortisone in a water-washable base of cetyl alcohol, isopropyl palmitate, methylparaben, mineral oil/lanolin alcohol, propylparaben, propylene glycol, propylene glycol stearate, polysorbate 40, purified water, sorbic acid, sorbitan palmitate, stearyl alcohol and xanthan gum.

Chemically, hydrocortisone is [Pregn-4-ene-3,20-dione, 11,17, 21-trihydroxy-,  $(11\beta)$ -] with the molecular formula  $(C_{21}H_{30}O_5)$  and is represented by the following structural formula:

Rx only

Its molecular weight is 362.47 and its CAS Registry Number is 50-23-7. The topical corticosteroids, including hydrocortisone, constitute a class of primarily synthetic steroids used as anti-inflammatory and antipruritic agents.

#### **CLINICAL PHARMACOLOGY**

Topical corticosteroids share anti-inflammatory, antipruritic, and vasoconstrictive actions. The mechanism of anti-inflammatory activity of the topical corticosteroids is unclear. Various laboratory methods, including vasoconstrictor assays, are used to compare and predict potencies and/or clinical efficacies of the topical corticosteroids. There is some evidence to suggest that a recognizable correlation exists between vasoconstrictor potency and therapeutic efficacy in man.

#### **Pharmacokinetics**

The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle, the integrity of the epidermal barrier, and the use of occlusive dressings.

Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin increase percutaneous absorption. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids. Thus, occlusive dressings may be a valuable therapeutic adjunct for treatment of resistant dermatoses. (See **DOSAGE AND ADMINISTRATION**.)

Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids. Corticosteroids are bound to plasma proteins in varying degrees. Corticosteroids are metabolized primarily in the liver and are then excreted by the kidneys. Some of the topical corticosteroids and their metabolites are also excreted into the bile.

### INDICATIONS AND USAGE

Topical corticosteroids are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

### CONTRAINDICATIONS

Topical corticosteroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

#### **PRECAUTIONS**

#### Genera

Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some nationts.

Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings.

Therefore, patients receiving a large dose of a potent topical steroid applied to a large surface area or under an occlusive dressing should be evaluated periodically for evidence of HPA axis suppression by using the urinary free cortisol and ACTH stimulation tests. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less rotate testical.

Recovery of HPA axis function is generally prompt and complete upon discontinuation of the drug. Infrequently, signs and symptoms of steroid withdrawal may occur, requiring supplemental systemic continuations.

Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity (See PRECAUTIONS: Pediatric Use).

If irritation develops, topical corticosteroids should be discontinued and appropriate therapy instituted.

In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled.

#### Information for the Patient

Patients using topical corticosteroids should receive the following information and instructions:

- This medication is to be used as directed by the physician. It is for external use only. Avoid contact
  with the eyes.
- 2. Patients should be advised not to use this medication for any disorder other than for which it was
- 3. The treated skin area should not be bandaged or otherwise covered or wrapped as to be occlusive unless directed by the physician.
- 4. Patients should report any signs of local adverse reactions, especially under occlusive dressing.
- 5. Parents of pediatric patients should be advised not to use tight-fitting diapers or plastic pants on a child being treated in the diaper area, as these garments may constitute occlusive dressings.

#### **Laboratory Tests**

The following tests may be helpful in evaluating the HPA axis suppression:

Urinary free cortisol test

ACTH stimulation test

#### Carcinogenesis, Mutagenesis and Impairment of Fertility

Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of topical corticosteroids.

Studies to determine mutagenicity with prednisolone and hydrocortisone have revealed negative results.

#### Pregnancy

Teratogenic effects: Pregnancy Category C: Corticosteroids are generally teratogenic in laboratory animals when administered systemically at relatively low dosage levels. The more potent corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There are no adequate and well-controlled studies in pregnant women on teratogenic effects from topically applied corticosteroids. Therefore, topical corticosteroids should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

### **Nursing Mothers**

It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids are secreted into breast milk in quantities *not* likely to have a deleterious effect on the infant. Nevertheless, caution should be exercised when topical corticosteroids are administered to a nursing woman.

#### Padiatric Hea

Pediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced HPA axis suppression and Cushing's syndrome than mature patients because of a larger skin surface area to body weight ratio.

Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, and intracranial hypertension have been reported in pediatric patients receiving topical corticosteroids. Manifestations of adrenal suppression in pediatric patients include linear growth retardation, delayed weight gain, low plasma cortisol levels, and absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilledema.

Administration of topical corticosteroids to pediatric patients should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of pediatric patients.

#### **ADVERSE REACTIONS**

The following local adverse reactions are reported infrequently with topical corticosteroids, but may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate decreasing order of occurrence: burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, skin atrophy, striae, and miliaria.

#### **OVERDOSAGE**

Topically applied corticosteroids can be absorbed in sufficient amounts to produce systemic effects (See **PRECAUTIONS**).

#### DOSAGE AND ADMINISTRATION

Topical corticosteroids are generally applied to the affected area as a thin film from two to four times daily depending on the severity of the condition. Occlusive dressings may be used for the management of psoriasis or recalcitrant conditions.

If an infection develops, the use of occlusive dressings should be discontinued and appropriate antimicrobial therapy instituted.

#### **HOW SUPPLIED:**

In tubes of 15 g, 30 g, 60 g and in jars of 200 g, 454 g. Store at controlled room temperature 15°- 30°C (59°- 86°F).

Keep out of the reach of children.

Manufactured by:
VINTAGE PHARMACEUTICALS, LLC
Huntsville, AL 35811

65667 Rev 5/02 R0

# APPLICATION NUMBER: ANDA 40-503

# **LABELING REVIEW(S)**

### APPROVAL SUMMARY

# REVIEW OF PROFESSIONAL LABELING DIVISION OF LABELING AND PROGRAM SUPPORT LABELING REVIEW BRANCH

ANDA Number: 40-503

Date of Submission: July 02, 2002

Applicant's Name: Vintage Pharmaceutical Inc.

Established Name: Hydrocortisone Cream USP, 2.5%

## APPROVAL SUMMARY (List the package size, strength(s), and date of submission for approval):

Do you have 12 Final Printed Labels and Labeling? Yes

Container Labels: (Tubes of 15 g, 30 g, and 60 g; Jars of 200 g, and 454 g)— Satisfactory in FPL as of July 02, 2002, submission [Vol. 1.1, revised 5/02; code # 65660 (15 g); code # 65662 (30 g); code # 65664 (60 g); code # 65665 (200 g; code # 65666 (454 g)]

Carton Labeling: (15 g, 30 g, and 60 g) – Satisfactory in FPL as of July 02, 2002, submission. [Vol. 1.1, revised 5/02; code # 65659 (15 g); code # 65661 (30 g); code # 65663 (60 g)]

Professional Package Insert Labeling: Satisfactory in FPL as of July 02, 2002, submission. [Vol. 1.1 revised 5/02; code # 65667]

### **BASIS OF APPROVAL:**

- · Was this approval based upon a petition? No
- What is the RLD on the 356(h) form: Hytone Cream 2.5%
- NDA Number: 80-472
- NDA Drug Name: Hydrocortisone cream USP, 2.5%
- NDA Firm: Dermik Laboratories, Inc.
- Date of Approval of NDA Insert: September 25, 1972
- Has this been verified by the MIS system for the NDA? Yes
- · Was this approval based upon an OGD labeling guidance? no
- Basis of Approval for the Container Labels: Side-by-side comparison
- Revisions needed post-approval: No
- Patents/Exclusivities: Refer to chart below.

### Patent Data - NDA 80-472

	Patent No.	Patent Expiration	Use Code	Description	How Filed	Labeling Impact
	ĺ			There are no unexpired patents for this		NONE
1				product in the Orange Book Database.		
Į						

#### Exclusivity-Data – NDA 80-472

	= = = = = = = = = = = = = = = = = = =		
Code	Reference	Expiration	Labeling Impact
	There is no unexpired exclusivity for this product.		NONE

## REVIEW OF PROFESSIONAL LABELING CHECK LIST

Established Name	Yes	No	N.A.
Different name than on acceptance to file letter?	especial for the same	X	Control of the Control
Is this product a USP item? If so, USP supplement in which verification was assured. USP 23	Х		
Is this name different than that used in the Orange Book?		Х	
If not USP, has the product name been proposed in the PF?			Х
Error Prevention Analysis			
Has the firm proposed a proprietary name? If yes, complete this subsection.		Х	
Do you find the name objectionable? List reasons in FTR, if so. Consider: Misleading? Sounds or looks like another name? USAN stem present? Prefix or Suffix present?	÷		X
Has the name been forwarded to the Labeling and Nomenclature Committee? If so, what were the recommendations? If the name was unacceptable, has the firm been notified?			X
Packaging			
Is this a new packaging configuration, never been approved by an ANDA or NDA? If yes, describe in FTR.		Х	
Is this package size mismatched with the recommended dosage? If yes, the Poison Prevention Act may require a CRC.		Х	
Does the package proposed have any safety and/or regulatory concerns?		Х	
If IV product packaged in syringe, could there be adverse patient outcome if given by direct IV injection?			Х
Conflict between the DOSAGE AND ADMINISTRATION and INDICATIONS sections and the packaging configuration?		Х	
Is the strength and/or concentration of the product unsupported by the insert labeling?		X	
Is the color of the container (i.e. the color of the cap of a mydriatic ophthalmic) or cap incorrect?			Х
Individual cartons required? Issues for FTR: Innovator individually cartoned? Light sensitive product which might require cartoning? Must the package insert accompany the product?		X	
Are there any other safety concerns?	,	X	·
Labeling			
Is the name of the drug unclear in print or lacking in prominence? (Name should be the most prominent information on the label).		Х	
Has applicant failed to clearly differentiate multiple product strengths?		Х	
Is the corporate logo larger than 1/3 container label? (No regulation - see ASHP guidelines)		Х	
Labeling(continued)	Yes	No.	N.A.
Does RLD make special differentiation for this label? (i.e., Pediatric strength vs Adult; Oral Solution vs Concentrate, Warning Statements that might be in red for the NDA)		Х	
		Х	

· · · · · · · · · · · · · · · · · · ·	т	1	х
Failure to describe solid oral dosage form identifying markings in HOW SUPPLIED?		<u> </u>	
Has the firm failed to adequately support compatibility or stability claims which appear in the insert labeling? Note: Chemist should confirm the data has been adequately supported.		X	
Scoring: Describe scoring configuration of RLD and applicant (page #) in the FTR			
Is the scoring configuration different than the RLD?			X
Has the firm failed to describe the scoring in the HOW SUPPLIED section?			X
Inactive Ingredients: (FTR: List page # in application where inactives are listed)			
Does the product contain alcohol? If so, has the accuracy of the statement been confirmed?	Х		
Do any of the inactives differ in concentration for this route of administration?		Х	
Any adverse effects anticipated from inactives (i.e., benzyl alcohol in neonates)?		Х	
Is there a discrepancy in inactives between DESCRIPTION and the composition statement?		X	
Has the term "other ingredients" been used to protect a trade secret? If so, is claim supported?	1	Х	
Failure to list the coloring agents if the composition statement lists e.g., Opacode, Opaspray?			X
Failure to list gelatin, coloring agents, antimicrobials for capsules in DESCRIPTION?			Х
Failure to list dyes in imprinting inks? (Coloring agents e.g., iron oxides need not be listed)			Х
USP Issues: (FTR: List USP/NDA/ANDA dispensing/storage recommendations)			
Do container recommendations fail to meet or exceed USP/NDA recommendations? If so, are the recommendations supported and is the difference acceptable?		Х	
Does USP have labeling recommendations? If any, does ANDA meet them?	Х		
Is the product light sensitive? If so, is NDA and/or ANDA in a light resistant container?		×	
Failure of DESCRIPTION to meet USP Description and Solubility information? If so, USP information should be used. However, only include solvents appearing in innovator labeling.		Х	
Bioequivalence Issues: (Compare bioequivalency values: insert to study. List Cmax, Tmax, T 1/2 and date study acceptable)			
Insert labeling references a food effect or a no-effect? If so, was a food study done?			X
Has CLINICAL PHARMACOLOGY been modified? If so, briefly detail where/why.		Х	
Patent/Exclusivity Issues?: FTR: Check the Orange Book edition or cumulative supplement for verification of the latest Patent or Exclusivity. List expiration date for all patents, exclusivities, etc. or if none, please state.		X	

## FOR THE RECORD:

## 1. MODELING LABEL

Labeling review based on the labeling for Hytone cream, 2.5% (NDA 80-472) by Dermik Laboratories, Inc.; approved November 25, 1972; revised 12/96 - PDR). There has been no labeling supplements approved for this NDA.

2.	There are no discrepancies between the listing of inactives in the product labeling and in the C&C						
	statements. Please note that the labels and labeling list the inactive ingredient as "Propylene Glycol Sterate" because the specifications stated in the Mongraph						
	for not met. ANDA 40-503 Certificate of Analyses for and the USP monograph states that to be						
	listed as there should be no less than						
	Therefore, Propylene Glycol Stearate is acceptable. [Vol. B1.1 pg.139 and Vol. A1.2 pg. 175]						
3.	STORAGE TEMPERATURE RECOMMENDATIONS COMPARSON						
	<ul> <li>USP - Preserve in tights containers.</li> <li>RLD - Store at room temperature.</li> </ul>						
	ANDA – Store at controlled room temperature 15°-30°C (59°-86°F).						
4.	PACKAGING CONFIGURATION						
	<ul> <li>RLD - packages its cream in 15 g and 30 g tubes and 4 oz jar (120 g)</li> <li>ANDA - packages its cream in 15 g, 30 g, and 60 g in white, aluminum tubes and 200 g and 454 g in white HDPE jars with a white plastic cap.</li> </ul>						
<b>5</b> .	FINISHED DOSAGE FORM						
	<ul> <li>RLD: Cream</li> <li>ANDA: White to off white cream</li> </ul>						
	[Vol. A1.2 pg. 461]						
6.	MANUFACTURING FACILITY OF FINISHED DOSAGE FORM						
	Vintage Pharmaceuticals, Inc. 120 Vintage Drive						
	Huntsville, AL 35811						
	[Vol. A1.2 pg. 223]						
	of Review: Date of Submission:						
Prima	ary Reviewer: Beverly Weitzman Date: 12/4/07						
Team	Leader: Date: / /						
	Leader: Ju Star Date: 13/13/2002						
cc:							
JJ.	ANDA: 40-503						
	DUP/DIVISION FILE						

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### **APPROVAL SUMMARY**

# REVIEW OF PROFESSIONAL LABELING DIVISION OF LABELING AND PROGRAM SUPPORT LABELING REVIEW BRANCH

ANDA Number: 40-503

Date of Submission: July 02, 2002

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- Carton Labeling: (15 g, 30 g, and 60 g) Satisfactory in FPL as of July 02, 2002, submission. [Vol. 1.1. revised 5/02; code # 65659 (15 g); code # 65661 (30 g); code # 65663 (60 g)]
- Professional Package Insert Labeling: Satisfactory in FPL as of July 02, 2002, submission. [Vol. 1.1 revised 5/02; code # 65667]

## **BASIS OF APPROVAL:**

- Was this approval based upon a petition? No
- What is the RLD on the 356(h) form: Hytone Cream 2.5%
- NDA Number: 80-472
- NDÀ Drug Name: Hydrocortisone cream USP, 2.5%
- · NDA Firm: Dermik Laboratories, Inc.
- Date of Approval of NDA Insert: September 25, 1972
- Has this been verified by the MIS system for the NDA? Yes
- Was this approval based upon an OGD labeling guidance? no
- Basis of Approval for the Container Labels: Side-by-side comparison
- Revisions needed post-approval: No
- Patents/Exclusivities: Refer to chart below.

#### Patent Data – NDA 80-472

Patent No.	Patent Expiration	Use Code	Description	How Filed	Labeling Impact
			There are no unexpired patents for this		NONE
			product in the Orange Book Database.		
			·		

Exclusivity-Data - NDA 80-472

Code	Reference	Expiration	Labeling Impact
	There is no unexpired exclusivity for this product.		NONE